# COSHH Risk Assessment No: CCS COSHH RA 010
# Product Name: Domestos Multipurpose Bleach

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Company name: Unilever | | | | | | | | | | | | | | Date:03/01/2024 | |
| Describe the activity or work process. | | Cleaning of catering equipment. | | | | | | | | | | | | | |
| Location of process being carried out? | | | | | | | | | | | | | | | |
| Identify the persons at risk: | | | | | Property Manager | TRUE | Members | TRUE | | | | General Public | FALSE | | |
| Name the substance involved in the process and its manufacturer. | | | | | Bleach | | | | | | | | | | |
| Classification (state the category of danger) | | | | | | | | | | | | | | | |
| FALSE | Toxic | | | FALSE | Oxidising | | | FALSE | | | | Gas Under Pressur | | | |
| FALSE | Harmful/ Irritant | | | FALSE | Flammable | | | FALSE | | | | Carcinogen | | | |
| FALSE | Corrosive | | | FALSE | Explosives | | | FALSE | | | | Dangerous for the environment | | | |
| Hazard Type | | | | | | | | | | | | | | | |
| FALSE | FALSE | FALSE | FALSE | FALSE | TRUE | FALSE | FALSE | | | | | | | | |
| Gas | Vapour | Fume | Gas Mist | Dust | Liquid | Solid | Other (State) | | | | | | | | |
| Route of Exposure | | | | | | | | | | | | | | | |
| FALSE | FALSE | TRUE | FALSE | FALSE | | | | | | | | | | | |
| Inhalation | Skin | Eyes | Ingestion | Other (State) | | | | | | | | | | | |
| Workplace Exposure Limits (WELs) please indicate n/a where not applicable | | | | | | | | | | | | | | | |
| No | | | | | | | | | | | | | | | |
| State the Risks to Health from Identified Hazards | | | | | | | | | | | | | | | |
| None | | | | | | | | | | | | | | | |
| Control Measures: | | | | | | | | | | | | | | | |
| Keep away from eyes. | | | | | | | | | | | | | | | |
| Is health surveillance or monitoring required? | | | | | | | | | | | | | | | |
| Personal Protective Equipment (state type and standard) | | | | | | | | | | | | | | | |
| Dust mask | | | | | | Visor | | | | | | Suitable for chemical splashes | | | |
| Respirator | | | | | | Goggles | | | | | | | | | |
| Gloves | | | | | | Overalls | | | | | | | | | |
| Footwear | | | | | | Other | | | | | | | | | |
| First Aid Measures | | | | | | | | | | | | | | | |
| Eye contact Immediately flush eyes with plenty of water, occasionally lifting the upper and lower eyelids. Get medical attention if irritation occurs. | | | | | | | | | | | | | | | |
| Storage | | | | | | | | | | | | | | | |
| Store in original container. | | | | | | | | | | | | | | | |
| Disposal of Substances & Contaminated Containers | | | | | | | | | | | | | | | |
| Hazardous Waste | | | | | | | | | | | | | | | |
| Skip | FALSE | Return to Depot | FALSE | Return to Supplier | FALSE | Other Please State | TRUE | Recycling Centre. | | | | | | | |
| Is exposure adequately controlled? | | | | | | | Yes | ## | No | ## | | | | | |
| **Risk Rating Following Control Measures** | | | | | | | | | | | | | | | |
| Low | TRUE | Medium | FALSE | High | FALSE | | | | | | | | | | |

| Review History | | |
|---|---|---|
| Date | Name | Reason |
| 03/01/2024 | F Brennan | New |
| 02/09/2024 | F.P.Brennan | Periodic Review |





